

Department of Licensing and Regulatory Affairs, Bureau of Fire Services, Storage Tank Division

P.O. Box 30033, Lansing, MI 48909  
Phone 517-335-7211, Fax 517-332-1428

**CHANGE OF INFORMATION FORM ABOVEGROUND TANKS ONLY**

*This information is required under 1941 PA 207, as amended. Any owner who knowingly fails to notify or submits false information shall be subject to a misdemeanor and/or civil penalties not to exceed \$200 per day for each tank for which notification is not given or for which false information is submitted.*

OWNER NAME		LOCATION NAME OR SITE IDENTIFIER		FACILITY ID NUMBER	
OWNER ADDRESS		FACILITY STREET ADDRESS (P.O. BOX NOT ACCEPTABLE)			
CITY		CITY		ZIP CODE	
STATE	ZIP CODE	AREA CODE & TELEPHONE NUMBER			
AREA CODE & TELEPHONE NUMBER		CONTACT PERSON (AT LOCATION)			
<u>TYPE OF FACILITY</u> <input type="checkbox"/> Flammable or Combustible Liquids Storage <input type="checkbox"/> Liquefied Petroleum Gas Storage <input type="checkbox"/> Compressed Natural Gas <input type="checkbox"/> Hydrogen Storage			<u>TYPE OF REPORT</u> <input type="checkbox"/> New Owner <input type="checkbox"/> Closure of Facility (All Storage) <input type="checkbox"/> Closure of Tanks <input type="checkbox"/> Tank(s) Returned to Service		

**TANKS OUT-OF-USE OR CHANGE-IN-SERVICE**

TANK IDENTIFICATION NUMBER	TANK #	TANK #	TANK #	TANK #	TANK #
CAPACITY OF TANK					
PRODUCT STORED					
INSERT DATE IN ALL BOXES THAT APPLY					
A. DATE TANK WAS REMOVED FROM PREMISES					
B. DATE TANK WAS EMPTIED AND CLEANED					
C. DATE PIPING TO TANK WAS DISCONNECTED					
D. DATE TANK WAS CHANGED TO NONREGULATED SUBSTANCE					
E. DATE TANK WAS RETURNED TO REGULATED STORAGE					
F. DATE TANK UPGRADE REQUIREMENTS WERE MET (FL/CL)					

**CERTIFICATION**

**(Read and Sign After Completing ALL Sections)**

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS AND ALL ATTACHED DOCUMENTS, AND THAT BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE.		
Name & Official Title of Owner/Owner's Authorized Representative (PRINT)	Signature	Date
COMMENTS AND/OR CLARIFICATION		

**MAIL to:**

Department of Licensing and Regulatory Affairs  
Bureau of Fire Services, Storage Tank Division  
P.O. Box 30033  
Lansing, MI 48909

**OVERNIGHT MAIL to:**

Department of Licensing and Regulatory Affairs  
Bureau of Fire Services, Storage Tank Division  
3101 Technology Boulevard, Suite H  
Lansing, MI 48910